

## PHYSICIAN ASSISTANT COMMITTEE

MEDICAL BOARD OF CALIFORNIA

1424 Howe Avenue, Suite 35, Sacramento, CA 95825-3237 Telephone: (916) 561-8780 FAX: (916) 263-2671 CALIFORNIA RELAY SERVICE BY TDD: 1-800-735-2929

E-mail: pacommittee@medbd.ca.gov Website: www.physicianassistant.ca.gov



### **Modified Citation Order**

Name: Address: Tuntland, Deirdre

211 E. 20<sup>th</sup> Street

Costa Mesa, CA 92627

License Number:

PA-13292

**Orginal** 

**Citation Number:** 

05-06

Modified

**Citation Number:** 

05-06A

Case Number:

1E-05-167077

Richard L. Wallinder, Jr., issues this citation solely in his official capacity as Executive Officer of the Physician Assistant Committee, hereinafter referred to as the "Committee."

# **License History:**

The records of the Committee show that license number PA-13292 was issued to **Deirdre Sue Tuntland** on February 18, 1994 and will expire September 30, 2007.

#### Citation:

A citation is hereby issued to you in accordance with Title 16 California Code of Regulations, Section 1399.570 for the violations described below.

#### Cause for Violation:

Violation of Title 16, Division 13.8 California Code of Regulations sections:

1399.540, limitations on medical services (i.e. competent performance of medical services).

1399.541, medical services performable.

This case was initiated based on a complaint from patient C.H. received by the Medical Board of California. The complaint alleges negligent care and mis-prescribing resulting in dehydration, palpitations, dyspnea, and drug reaction requiring intravenous fluids approximately 5 days after starting the diet and medications prescribed.

The records indicate C.H. presented at the Millennium Medical Spa on March 16, 2005 seeking weight loss. Records indicate the patient height as 5'2", weight 130 pounds, and a diagnosis of mild obesity. The weight loss program included the use of a very low calorie diet, three prescription medications (phentermine, phendimetrazine, and Maxzide) and oral HCG drops.

After using the diet, prescribed medications, and supplements, C.H. experienced nausea, vomiting, trembling, and shortness of breath. C.H. presented to her gynecologist and was referred to an internist the same day. The internist obtained an EKG, labs, and arranged for the patient to receive intravenous fluids for the diagnosis of dehydration.

The standard of practice is for the provider to investigate a patient's complaint to the point of diagnosis. Diagnosis includes performing a medical examination, obtaining the patient's medical history, and may involve other testing, such as a basic blood panel and EKG, and consulting with the supervising physician.

A Physician Assistant Expert Consultant reviewed the documentation and medical records. The patient's medical history included depression, rapid heart beat, anorexia, and bulimia. With the patient's medical history, a thorough evaluation should have been completed prior to the patient beginning the diet and prescription medications. No vital signs, including blood pressure, pulse, temperature, or respiratory rate, were recorded on the chart for the patient. There is no statement in the record indicating that you consulted with your supervising physician. Since the patient had a past history of palpitations, even when the symptoms are remote, a basic blood panel and EKG should have been obtained at a minimum.

Maxzide is a diuretic used for edema and hypertension. C.H. was not diagnosed with edema or hypertension. Maxzide was determined to be the cause of the dehydration. Phentermine and phendimetrazine are known to increase metabolic rate, increase heart rate, and cause anorexia. The expert concluded that you should not have prescribed phentermine, phendimetrazine, and Maxzide until you conducted a thorough evaluation of the patient or the patient contacted her primary physician before starting the weight loss program.

The expert concluded that you failed to provide the patient medical care that met the minimum standards of practice. You performed a screening physical examination on a patient that required a more in depth complete physical examination based on the patient's medical history.

# **Order of Abatement**

The Committee orders you to take the following corrective actions:

1. Enrollment, at your own expense, one CME Category I course of at least 2 units, in pharmacology. The course shall be completed within one calendar year of the

date of issuance of this citation. Course completion must be confirmed in writing within 455 calendar days of issuance of this citation.

2. Enroll at your own expense in one CME Category I course of at least 2 units, in taking a patient history, general evaluation, diagnosis, and treatment of patients. This course shall be completed within one calendar year of the date of issuance of this citation. Course completion must be confirmed to us in writing within 455 calendar days of this issuance of this citation.

Unless contesting the citation, failure to abate the violation charged within sixty (60) days of date of your receipt of this document may be deemed to constitute a violation of the Physician Assistant Regulations. Failure to comply may result in disciplinary action being taken by the Committee or other appropriate judicial relief being taken against you.

#### Fine

You are assessed a fine in the amount of \$750.00 as provided by Title 16 California Code of Regulations Section 1399.571 for violations of Sections of 1399.540 and 1399.541 of the California Code of Regulations.

Unless you contest this fine, payment in full by cashier's check or money order must be received by the Committee within thirty calendar days of the Citation's issuance. Payment should be made payable to:

Physician Assistant Committee 1424 Howe Avenue, Suite 35 Sacramento, CA 95825 Attn: Dianne Tincher

For your protection, please remember to include the Citation number on your check or money order.

Payment of any fine shall not constitute an admission of the violation(s) charged.

If you fail to pay the fine within thirty calendar days from the date of assessment, unless under appeal, the full amount of the fine will be added to your license renewal fee or initial license fee, whichever is applicable. The renewal or initial license will not be issued until the appropriate fee, the administrative fine, and the delinquency fee (if appropriate) are paid.

# **Appeal of Citation**

You have the right to contest all or portions of the citation through formal appeal. If you wish to contest this citation, you must complete, sign, date, and return the enclosed Notice of Appeal form or any other written notice of appeal, to the Committee within

fifteen (15) calendar days after service of the citation. Should you need additional time in which to complete and return the appeal notice(s), please notify the Executive Officer of the Committee immediately at (916) 561-8786.

The day the Notice of Appeal form(s) or other written notice of appeal is received by the Committee is the day that the appeal process shall commence. However, any order of abatement stipulation(s) and/or fine(s) assessed for violations not being contested must be adhered to and/or paid as specified.

If the Citation is not appealed it becomes a final order of the Committee and shall not be subject to further administrative review or judicial relief initiated by the Committee.

Richard L. Wallinder, Jr. Executive Officer

4